V

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _124_

Registered No. _74_

1. PLACE OF BIRTH

County _Gila_ State _____

District or Township _____ or Village _____

City _Hayden_ No. _____ St., _____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _Francisco Florey_

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child _Male_	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? _Yes_	7. Date of birth _May 7 1928_
		5. No., in order of birth _____		Month Day Year

8. FATHER	14. MOTHER
Full name _Juan Florey_	Full maiden name _Pay Flory Mendoza_
9. Residence (Usual place of abode) _Hayden_ If non-resident, give place and state.	15. Residence (Usual place of abode) _Hayden_ If non-resident, give place and state.
10. Color or race _Mex_ 11. Age at last birthday _29_ (Years)	16. Color or race _Mex_ 17. Age at last birthday _23_ (Years)
12. Birthplace (city or place) _La Dura_ (State or country) _Sonora_	18. Birthplace (city or state) _Cananea_ (State or country) _Son. Mexico_
13. Occupation _Laborer_ Nature of industry	19. Occupation _House Wife_ Nature of industry

20. Number of children of this mother _____

(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living _3_
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum. _Yes_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at _7-15 p_ m. on the date above stated.

Signature _Charles B. Smith M.D._

(Physician or midwife)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____
Month, day, year

Address _____ _Hayden Arizona_

Filed _May 8_, 19_28_ _W. B. Hart_

Registrar. Registrar.

669-507-741